

Virginia Department of Agriculture & Consumer Services

Division of Consumer Protection

Office of Consumer Affairs

## **FORMS FOR PROFESSIONAL FUNDRAISERS**

Companies or persons that qualify as a Professional Fundraising  
Counsel

should use the following Form 103

**Form 103**

**REMITTANCE FORM**  
**Fund-raising Counsel**

**YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)**

Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Professional Fund-raising Counsel

Registration Fee (\$100)                      \$ \_\_\_\_\_ (910-02-02681)

Total Fees:                                      \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"**

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

**PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF  
REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:**

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
P.O. BOX 526  
RICHMOND, VA 23218-0526

**Virginia Department of Agriculture and Consumer Services  
Division of Consumer Protection  
Office of Consumer Affairs  
P.O. Box 526 - Richmond, VA 23218**

**FORM 103 - REGISTRATION STATEMENT FOR A PROFESSIONAL FUNDRAISING COUNSEL**

Unless otherwise noted, all information provided on this form and attachments must be for the current year.

1. Primary name: \_\_\_\_\_

2. List any other names under which you may conduct business in Virginia:

\_\_\_\_\_  
\_\_\_\_\_

3. Primary address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone

4. List addresses and telephone numbers of any other offices located in Virginia

\_\_\_\_\_  
\_\_\_\_\_

5. Please check one:

(✓)	Type of organization
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify: _____)

6. Date of incorporation or formation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. Where was the organization legally established?

\_\_\_\_\_  
City State

8. Name and address of designated agent for receipt of process within the Commonwealth of Virginia:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

9. Please attach a list of officers and directors if the organization is a corporation or the names of the partners or principal owner and executive personnel if it is a partnership or sole proprietorship.

10. Has any person employed by the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

(Yes or No) \_\_\_\_\_. If "Yes," attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

11. Is the organization, or any employee of the organization currently enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

(Yes or No) \_\_\_\_\_. If "Yes," attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

12. Is the fundraising counsel filing this registration licensed by, registered with, or given a permit by any other state or governmental agency for the purpose of consulting with a civic or charitable organization?

(Yes or No) \_\_\_\_\_. If "Yes", name the agencies.

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13. Has the fundraising counsel filing this registration ever been denied a license, permit, or registration by any state or local government?

(Yes or No) \_\_\_\_\_. If "Yes," provide details.

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14. Are any solicitations performed:

- a. Directly by your organization?

(Yes or No) \_\_\_\_\_. If yes, you do not qualify as a fundraising counsel. Use Form 104.

- b. Through organizations or persons under your organization's direction, other than the charitable or civic organization for which you consult?

(Yes or No) \_\_\_\_\_. If yes, you may not qualify as a fundraising counsel. Attach a listing of the organizations and/or persons under your direction and copies all related contracts.

15. Attach a list of the names and addresses of all charitable and civic organizations with which your organization has current contracts and the term of service for which solicitations for contributions will occur in Virginia.

16. Are any of the members, partners, officers, directors or executive personnel of the fundraising counsel filing this registration members, partners, officers, directors or executives of, or otherwise associated with, any civic or charitable organization with which this fundraising counsel has contracts?

(Yes or No) \_\_\_\_\_. If "Yes," provide the following information. Use additional pages if necessary.

Name of Individual	Name of Organization	Connection with organization

17. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the soliciting of charitable contributions. If you do not provide this information, you may not solicit in Virginia.

18. The registration fee for professional fund-raising counsel is \$100.00. Please make check payable to "Treasurer of Virginia" and attach it to the front page of the form..

19. OATH OR AFFIRMATION

I, the undersigned swear or affirm under penalties provided by law that this Registration Statement (including any accompanying appendices) has been examined by me and is, to the best of my knowledge and belief, a true, correct and complete statement for the current year, pursuant to the laws of the Commonwealth of Virginia.

\_\_\_\_\_  
Signature of sole proprietor or officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime telephone number

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires (date)

**REQUIRED ATTACHMENTS**

I (We) have attached the following required attachments:

(✓)	Item
	Remittance form and check for \$100, made payable to "Treasurer of Virginia."
	Listing of officers and directors or partners.
	Copies of any applicable Court Orders.
	A listing of any organizations and/or persons under your direction and copies all related contracts.
	A list of the names and addresses of all charitable and civic organizations with which your organization has current contracts and the term of service for which solicitations for contributions will occur in Virginia.
	Copy of signed contract(s) between your organization and each charitable or civic organization.

Virginia Department of Agriculture & Consumer Services

Division of Consumer Protection

Office of Consumer Affairs

Companies or persons acting as a Professional Solicitor

should use the following Form 104

and the Campaign Forms that follow

**Form 104**

**REMITTANCE FORM**  
**Professional Solicitor**

**YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Professional Solicitor

Registration Fee (\$500):                      \$ \_\_\_\_\_ (910-02-02682)

Late Fee (\$250):                                \$ \_\_\_\_\_ (910-02-02194)  
(Due if solicitations begin  
prior to registration)

Total Fees:    \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"**

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

**PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF  
REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:**

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
P.O. BOX 526  
RICHMOND, VIRGINIA 23218-0526

**Virginia Department of Agriculture and Consumer Services**  
**Division of Consumer Protection**  
**Office of Consumer Affairs**  
**P.O. Box 526 - Richmond, VA 23218**

**FORM 104      REGISTRATION STATEMENT FOR A PROFESSIONAL SOLICITOR**

All information provided on this form and related attachments must be for the current year, unless otherwise noted.

Registration fee: \$500.00. Late filing fee: 250.00. Make check payable to "Treasurer of Virginia."

5. Primary name: \_\_\_\_\_

6. List any other names under which you may conduct business in Virginia:

\_\_\_\_\_

7. Primary address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

8. List addresses and telephone numbers of any other offices located in Virginia

\_\_\_\_\_

\_\_\_\_\_

5. Please check one:

<input checked="" type="checkbox"/>	<b>Type of organization</b>
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify: _____)

6. Date of incorporation or formation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. Where was the organization legally established? \_\_\_\_\_  
City & State

8. Name and address of designated agent for receipt of process (e.g., registered agent or officer) within the Commonwealth of Virginia:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

10. Please attach a list of officers and directors if the organization is a corporation or the names of the partners or principal owner and executive personnel if it is a partnership or sole proprietorship.



11. Has any person employed by the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

(Yes or No) \_\_\_\_\_. If "Yes," attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

11. Is the organization, or any employee of the organization currently enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

(Yes or No) \_\_\_\_\_. If "Yes," attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

15. Is the professional solicitor filing this registration licensed by, registered with, or given a permit by any other state or governmental agency for the purpose of consulting with a civic or charitable organization?

(Yes or No) \_\_\_\_\_. If "Yes", name the agencies.

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16. Has the professional solicitor filing this registration ever been denied a license, permit, or registration by any state or local government?

(Yes or No) \_\_\_\_\_. If "Yes," attach a statement describing the facts surrounding said denial(s).

14. Attach a list of the names and addresses of all charitable and civic organizations with which your organization has current contracts to solicit contributions in Virginia and the term of contracted services, and a list of all the charitable or civic organizations for which you solicited in the past 12 months.

19. Are any of the members, partners, officers, directors or executive personnel of the professional solicitor filing this registration also members, partners, officers, directors or executives of, or otherwise associated with, any civic or charitable organization with which this professional solicitor has contracts?

(Yes or No) \_\_\_\_\_. If "Yes," provide the following information. Use additional pages if necessary.

Name of Individual	Name of Organization	Connection with organization

20. Attach a list with of the full names and home addresses of all individuals employed by the organization to supervise the solicitation of contributions occurring in Virginia, and the terms of their remuneration (e.g. salary, commission, bonus, etc.)

21. Pursuant to Section 57-61.F of the Code of Virginia, has the professional solicitor filing this registration maintained, during each solicitation campaign and for not less than 3 years afterward (or for the length of time since formation, if less than 3 years), the following records? (Check all that apply)

(✓)	Records
	The name and address of each contributor and the date and amount of the contribution.
	The name and residence address of each employee, agent, or other person involved in the solicitations.
	Records of all expenses incurred in the course of the solicitation campaign(s).
	The account number and location of all bank accounts where receipts from each campaign were deposited

22. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are advised that you are required by law to supply this information as a prerequisite to the soliciting of charitable contributions. If you do not provide this information, you may not solicit in Virginia.

19. Bond Requirement: As required by the Virginia Solicitation of Contributions Law and the Rules Governing the Solicitation of Contributions, each professional solicitor shall, at the time this form is initially filed, submit for approval a bond to run to the benefit of the Commonwealth of Virginia in which the professional solicitor shall be the principal obligor in the sum of \$20,000. Such bond shall be maintained in effect, or a replacement bond provided, for the length of time the professional solicitor solicits in Virginia. (The bond form is contained in the complete set of forms provided by the Office of Consumer Affairs.)

## 20. OATH OR AFFIRMATION

I, the undersigned swear or affirm under penalties provided by law that this Registration Statement (including any accompanying appendices) has been examined by me and is, to the best of my knowledge and belief, a true, correct and complete statement for the current year, pursuant to the laws of the Commonwealth of Virginia.

\_\_\_\_\_  
Signature of sole proprietor or officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime telephone number

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires (date)

## REQUIRED ATTACHMENTS

I (We) have attached the following required attachments:

(✓)	Item
	Remittance form and check for \$500, plus \$250 late fee if applicable, made payable to "Treasurer of Virginia."
	Listing of officers and directors or partners.
	Copies of any applicable Court Orders.
	A listing of any organizations and/or persons under your direction and copies all related contracts.
	Statement describing the facts surrounding past denial(s) of licenses, registrations, etc.
	A list of the names and addresses of all charitable and civic organizations with which your organization has current contracts and the term of service for which solicitations for contributions will occur in Virginia.
	Copy of signed contract(s) between your organization and each charitable or civic organization.
	List of the full names and home addresses of all individuals employed by the organization to supervise the solicitation of contributions <u>occurring</u> in Virginia, and the terms of their remuneration (e.g. salary, commission, bonus, etc.)
	Bond: Attached _____ or previously filed and still in effect _____.

**FORM 105**

**PROFESSIONAL SOLICITOR'S BOND**

Bond Number: \_\_\_\_\_ Date Received by VDACS: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS: That we, \_\_\_\_\_  
Name & address of Professional Solicitor

hereinafter called the Principal, and \_\_\_\_\_  
Name & Address of Surety Company

hereinafter called the Surety, or Sureties, are held and firmly bound unto the Commonwealth of Virginia, in the sum of Twenty Thousand Dollars (\$20,000) for the payment thereof, the Principal and Sureties bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly to this bond and the obligations agreed to herein by these presents.

WHEREAS, the Principal proposes to commence and engage within the Commonwealth of Virginia in the activities of a professional solicitor as those terms are defined in section 57-48 of the Code of Virginia (1950), as amended.

NOW, THEREFORE, this bond shall be for the purpose of reimbursing the Commonwealth of Virginia and the citizens thereof for any penalties or losses resulting from malfeasance, nonfeasance, or misfeasance in the conduct of charitable solicitation activities by the principal and his agents, servants or employees.

This bond shall be effective until such time as the surety withdraws the bond, giving thirty (30) days' written notification to the Commissioner of the Virginia Department of Agriculture and Consumer Services of such withdrawal. Failure to give such prior written notification shall result in the continuation of this bond's effectiveness. Withdrawal shall not release the surety from any liability for malfeasance, nonfeasance, or misfeasance that occurred prior to the effective date of withdrawal. Withdrawal shall not release the principal whatsoever.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ in the presence of:

\_\_\_\_\_  
Signature of Principal as to \_\_\_\_\_ (Seal)  
Printed name & title of Principal

\_\_\_\_\_  
Signature of Principal as to \_\_\_\_\_ (Seal)  
Printed name & title of Principal

\_\_\_\_\_  
Signature of Principal as to \_\_\_\_\_ (Seal)  
Printed name & title of Principal

\_\_\_\_\_  
Signature of Attorney-in-fact as to \_\_\_\_\_ (Seal)  
Printed name & title of Attorney-in-fact

Commissioner of the Virginia Department of Agriculture and Consumer Services  
P.O. Box 1163, Room 103  
Richmond, VA 23218

Virginia Department of Agriculture & Consumer Services

Division of Consumer Protection

Office of Consumer Affairs

**Professional Solicitor**

**Campaign Forms**

**Virginia Department of Agriculture and Consumer Services**  
**Division of Consumer Protection**  
**Office of Consumer Affairs**  
**1100 Bank Street, Suite 103 - Richmond, VA 23219**

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**FORM 120**

**SOLICITATION NOTICE**

(✓)	<b>This Solicitation Notice is:</b>
	New
	An amended version of a form previously filed

Pursuant to Section 57-61(D) of the Code of Virginia (1950), as amended, professional solicitors shall complete this Solicitation Notice in its entirety. Any changes to this information must be filed, within 7 days, on an amended Solicitation Notice.

Professional solicitors shall submit a properly completed Solicitation Notice for every fundraising campaign, as well as on the anniversary date of the signed contract for any continuous fundraising campaign. Incomplete forms and attachments shall not be considered as filed.

Professional solicitors shall submit, upon cancellation of a fund-raising campaign prior to solicitations, a copy of page 1 of this Solicitation Notice as previously filed, with a statement indicating that the campaign has been canceled.

**CHARITABLE OR CIVIC ORGANIZATION INFORMATION**

1. \_\_\_\_\_  
Name of charitable or civic organization sponsoring the campaign
2. \_\_\_\_\_  
Address of charitable or civic organization sponsoring the campaign  
  
\_\_\_\_\_  
City State Zip Code
3. \_\_\_\_\_  
Name of contact person Telephone number

**PROFESSIONAL SOLICITOR INFORMATION**

4. \_\_\_\_\_  
Name of professional solicitor Solicitor's telephone number
5. Do you or your company hire one or more subcontractors? \_\_\_\_Y \_\_\_\_N  
If yes, attach a list of their company (or proprietors') names, addresses, and telephone numbers.

**EVENT INFORMATION**

6. Dates of solicitation in Virginia: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.
7. Date of special event, if any: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo day yr.
8. Description of solicitation (e.g., special event, Internet, donor renewal, etc.):  
\_\_\_\_\_

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*If the dates in 8, above, change you must file an amended Solicitation Notice within 7 days of the change.*

## TELEPHONE ROOM INFORMATION

9. \_\_\_\_\_  
Name of telephone room or call center director Director's telephone number

10. \_\_\_\_\_  
Physical Address of telephone room or call center

\_\_\_\_\_  
City State Zip Code

*If more than one phone room is used, attach a listing and indicate for each if it is the professional solicitor's own phone room or that of an agent or subcontractor.*

11. Has any of the persons conducting these solicitations ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

(Yes or No) \_\_\_\_\_. If "Yes," attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

12. Are any of the persons conducting this solicitation currently enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

(Yes or No) \_\_\_\_\_. If "Yes," attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

## SPONSOR'S CONSENT TO SOLICIT AND CERTIFICATION

Pursuant to subsection F of section 57-57 (Prohibited acts), Code of Virginia (1950), as amended, the two undersigned officers hereby give consent for one year or less to the professional solicitor named above to solicit charitable contributions for the organization named on line 1.

This authorization shall be valid from (one year or less): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr. mo. day yr.

We also hereby certify that: a) the charitable or civic organization named on this form is currently registered, or exempt from annual registration, with the Virginia Office of Consumer Affairs; b) the Solicitation Notice and accompanying materials are true and complete; c) the bank account for the deposit of funds raised during this campaign includes the name of the organization named on line 1; and d) that the professional solicitor has promised to provide us with copies of the bank statements on a monthly basis.

(1) By: \_\_\_\_\_ (2) By: \_\_\_\_\_  
(Officer's signature) (Officer's signature)

\_\_\_\_\_  
(Officer's printed name) (Officer's printed name)

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr. mo. day yr.

## **OATH OR AFFIRMATION – PROFESSIONAL SOLICITOR**

I hereby certify, under penalty of perjury, that all information contained in this notice and all accompanying materials is true and complete. I further affirm that I accept responsibility for all actions by any agent or subcontractors that may be used in conducting this campaign, including, but not limited to, all required disclosures, any misrepresentations, or other unprofessional actions, in accordance with Section 57-55.2 and 57-57 of the Code and Section 3 of the Rules Governing the Solicitation of Contributions.

I further affirm that the professional solicitor filing this form has fully complied with registration requirements in the Commonwealth of Virginia.

\_\_\_\_\_  
Signature of authorized representative  
of Professional Solicitor

\_\_\_\_\_  
Print name

Date:     /     /  
          mo.    day   yr.

## **REQUIRED ATTACHMENTS**

I (We) have attached the following required attachments:

(✓)	ITEM
	A list of each subcontractor's company (or proprietors') name, address, and telephone number.
	A listing of each professional solicitor's own phone room.
	A listing of each agent(s) or subcontractor(s) phone room(s).
	Copies of any applicable Court Orders.
	Name and address of the bank where deposits from this campaign will be deposited.
	Copy of signed contract between the professional solicitor and the charitable or civic organization.
	Copy of signed contract(s) between the professional solicitor and any agent(s) or subcontractor(s).

**Virginia Department of Agriculture and Consumer Services  
Division of Consumer Protection  
Office of Consumer Affairs  
1100 Bank Street, Suite 103 - Richmond, VA 23219**

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**FORM 121**

**CONSENT TO SOLICIT**

**SECTION I. GENERAL INFORMATION**

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Pursuant to Section 57-57(F) of the Code of Virginia (1950), as amended, the undersigned hereby gives consent to:

Name of professional solicitor: \_\_\_\_\_

Address of professional solicitor: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

and his agent or subcontractor, if any:

Name of subcontractor: \_\_\_\_\_

Address of subcontractor: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

to solicit charitable contributions for the organization listed below, or to use its name in the solicitation of contributions.

\_\_\_\_\_  
Name of charitable or civic organization sponsoring the campaign

\_\_\_\_\_  
Address of charitable or civic organization sponsoring the campaign

\_\_\_\_\_  
City State Zip Code

This consent shall be valid for a period not to exceed one year, as follows:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day yr. mo. day yr.

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## SECTION II. SIGNATURES OF OFFICERS OF CHARITABLE OR CIVIC ORGANIZATION

Two (2) officers must sign this authorization. The original must then be filed with the Office of Consumer Affairs. Copies will not be considered as filed.

\_\_\_\_\_  
Signature of first officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date:   mo.   /   day   /   yr.

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of second officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date:   mo.   /   day   /   yr.

\_\_\_\_\_  
Title

## SECTION III. SIGNATURES OF PROFESSIONAL SOLICITORS AND SUBCONTRACTORS

As required by Section 57-57(F) of the Code of Virginia, the professional solicitor and any subcontractor must sign this form and keep a copy of this authorization with him when making solicitations and exhibit it upon request to persons solicited, police officers, or agents of the Commissioner of the Virginia Department of Agriculture and Consumer Services.

\_\_\_\_\_  
Signature of professional solicitor

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date:   mo.   /   day   /   yr.

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of subcontractor

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date:   mo.   /   day   /   yr.

\_\_\_\_\_  
Title

**FORM 130**

**REMITTANCE FORM**

**Professional Solicitor's Final Accounting Report Late Fees**

**YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Campaign Solicitation Dates: \_\_\_\_\_

Name of charitable or civic organization:  
\_\_\_\_\_

Late Final Accounting Report Fees: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_  
(\$25 per month or portion thereof) (910-02-02799)

**MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"**

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

**PLEASE ATTACH CHECK TO FRONT OF REMITTANCE FORM AND MAIL TO:**

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
P.O. BOX 526  
RICHMOND, VIRGINIA 23218-0526

**Virginia Department of Agriculture and Consumer Services**  
**Division of Consumer Protection**  
**Office of Consumer Affairs**  
**1100 Bank Street, Suite 103 - Richmond, VA 23219**

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**FORM 130**

**FINAL ACCOUNTING REPORT**

The professional solicitor shall submit the final accounting report no later than 90 days after the completion date of the solicitation campaign in Virginia, or in accordance with any extensions granted, in compliance with subsection E of section 57-61 (Registration of professional fund-raising counsels and solicitors), Code of Virginia (1950), as amended. Any subsequent changes in the information submitted shall be reported every 90 days thereafter, for a fund-raising campaign of finite duration; and on an annual basis, no later than 90 days after the anniversary of the contract date, for a continuous fund-raising campaign. Untimely filing of this report shall result in the assessment of late fees provided by law.

1. Primary name of professional solicitor: \_\_\_\_\_
2. Name of charitable or civic organization: \_\_\_\_\_
3. Actual dates of solicitation in Virginia: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.
4. Attach a copy of the first page of the original or amended Solicitation Notice filed for this campaign.
5. Were written scripts used for the solicitation?  
(Yes or No) \_\_\_\_\_. If "Yes," attach copies of all written scripts used.
6. Attach a copy of the actual written request for a contribution, or written receipt made in response to an oral request for a contribution, including a copy of any return envelope.
7. Financial summary for this campaign:  
Total funds collected in Virginia \$ \_\_\_\_\_  
Amount received or retained by charitable or civic organization \$ \_\_\_\_\_
8. For an advertising campaign, provide the number of publications / copies distributed: \_\_\_\_\_
9. VERIFICATION BY CHARITABLE OR CIVIC ORGANIZATION

I, the executive officer of the charitable or civic organization:

- a) Have reviewed this report at the conclusion of the fundraising campaign.
- b) Verify that all requests for information in this form are properly completed.
- c) Verify that the amount listed as the "Amount received or retained by charitable or civic organization" (check one) **IS** ( ☐ ) / **is NOT** ( ☐ ) the actual amount received or retained by the charitable or civic organization. If the amount listed is not the actual amount received or retained, I have attached a full explanation for the discrepancy.
- d) Verify that I (check one) **HAVE** ( ☐ ) / **have NOT** ( ☐ ) received copies of the bank statements for this campaign account from the professional solicitor on a monthly basis.

\_\_\_\_\_  
Signature of executive officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date: mo. day yr.

#### 10. ATTESTATION BY THE PROFESSIONAL SOLICITOR

I attest that this accounting is true and accurate and includes all required attachments.

\_\_\_\_\_  
Signature of professional solicitor's  
authorized representative

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date:   mo.    /    day    /    yr.

#### Professional Solicitor's Checklist:

( √ )

- \_\_\_\_\_ 1.     Have you filled in every blank? The form will **not** be considered as **filed** if there are any omissions. Any late fees will continue to accumulate until the complete form is filed.
- \_\_\_\_\_ 2.     Have you signed the form? The form with ORIGINAL signatures (no photocopies) must be submitted to the Virginia Office of Consumer Affairs.
- \_\_\_\_\_ 3.     Have you obtained the charity's authorized signature?
- \_\_\_\_\_ 4.     Have you attached a copy of the first page of the original or amended Solicitation Notice you filed?
- \_\_\_\_\_ 5.     Have you attached copies of scripts?
- \_\_\_\_\_ 6.     Have you attached copies of all materials that were sent or given to donors?

**Virginia Department of Agriculture and Consumer Services  
Division of Consumer Protection  
Office of Consumer Affairs  
1100 Bank Street, Suite 103 - Richmond, VA 23219**

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**FORM 131**

**SCHEDULE A, ACCOUNTING FOR ALL TICKET SALES**

**INCLUDING**

**SOLICITATION FOR DONATED TICKETS**

*This accounting applies to all ticket sales, including those sold on the representation that they may be donated for use by a third party.*

1. Total dollar amount of pledges: \$ \_\_\_\_\_

2. Breakdown of prices for tickets:

Adult or highest cost: \$ \_\_\_\_\_ No. of persons / ticket: \_\_\_\_\_

Children's ticket: \$ \_\_\_\_\_ No. of persons / ticket: \_\_\_\_\_

Other (explain) \$ \_\_\_\_\_ No. of persons / ticket \_\_\_\_\_

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1. Total revenue from sales of tickets: \$ \_\_\_\_\_

2. Breakdown of revenue:

Adult tickets: \$ \_\_\_\_\_ No. of persons admitted: \_\_\_\_\_

Children's tickets: \$ \_\_\_\_\_ No. of persons admitted: \_\_\_\_\_

Other: \$ \_\_\_\_\_ No. of persons admitted: \_\_\_\_\_

5. Total number of third party tickets returned by donors for distribution: \_\_\_\_\_

6. Total number of tickets distributed to third parties: \_\_\_\_\_

*(Attach a copy of all signed commitments, "Commitment for Receipt of Donated Tickets" forms, from organizations which accepted tickets.)*

7. Dates for solicitations for other than donated tickets ("straight sales"):

*from:* \_\_\_\_\_ *to:* \_\_\_\_\_

8. Total revenue from straight sales: \$ \_\_\_\_\_

9. Total tickets sold from straight sales: \_\_\_\_\_

Breakdown by price: Adults: \$ \_\_\_\_\_ No. of tickets \_\_\_\_\_

Children: \$ \_\_\_\_\_ No. of tickets \_\_\_\_\_

Other: \$ \_\_\_\_\_ No. of tickets \_\_\_\_\_

10. Date of show: \_\_\_\_\_ Location of Show: \_\_\_\_\_

Capacity of auditorium: \_\_\_\_\_ Attendance at show: \_\_\_\_\_

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**FORM 132**

**COMMITMENT FOR RECEIPT OF DONATED TICKETS**

This is to acknowledge that \_\_\_\_\_  
(Name of organization receiving tickets)

agrees to accept \_\_\_\_\_ tickets,  
(Number of)

from \_\_\_\_\_  
(Name of professional solicitor's company)

which will admit \_\_\_\_\_ individuals  
(Number of)

to attend \_\_\_\_\_  
(Name of event)

on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_  
(Date) (Name of venue)

sponsored by \_\_\_\_\_  
(Name of charitable or civic organization)

AFFIRMATION of organization receiving tickets

I hereby acknowledge that I have read the above statement and affirm that I can reasonably expect to distribute the number of tickets listed above, representing the number of individuals listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Address: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone